



Isolation and Precautions Quick Sheet

CDC has updated guidance on isolation and precautions in adults with COVID-19. We have created this quick sheet to give you the information you need to make sense of the new information and how you can operationalize it for your organization.

Based on evolving research, CDC asserts the following:

- Adults infected with COVID-19 may test positive for up to 3 months after onset of illness.
- Adults infected with COVID-19 show limited infectiousness by 10 to 20 days after the onset of illness, depending on the severity of illness¹.
- Adults who are severely immunocompromised tend to remain infectious longer than adults who are not severely immunocompromised.

Based on this information, CDC has released and updated the guidance for the following:

- [Duration of Isolation and Precautions for Adults with COVID-19](#)
- [Discontinuation of Transmission-Based Precautions and Disposition of COVID-19 Patients in Healthcare Settings](#)
- [Return-to-Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection](#)

In particular, CDC is no longer recommending a test-based strategy for determining when to discontinue transmission-based precautions or return to work. Providers should now rely on updated symptoms-based and time-based strategies for making these determinations. This change in guidance may allow residents to leave isolation and healthcare personnel to return to work sooner.

CDC notes the following for defining “severely immunocompromised”:

The studies used to inform this guidance did not clearly define “severely immunocompromised.” For the purposes of this guidance, CDC used the following definition:

- *Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.*
- *Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.*
- *Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.*

Determining When to Discontinue Transmission-Based Precautions and Criteria for Return-to-Work for Healthcare Personnel for Adults with COVID-19

Patient/Resident Disposition	Recommendations
Mild to moderate illness, not severely immunocompromised	<ul style="list-style-type: none"> • 10 days since onset of illness • 24 hours since resolution of fever without fever-reducing medications • Improvement in symptoms
Severe to critical illness, or severely immunocompromised	<ul style="list-style-type: none"> • 20 days since onset of illness • 24 hours since resolution of fever without fever-reducing medications • Improvement in symptoms
Asymptomatic, not severely immunocompromised	<ul style="list-style-type: none"> • 10 days since first positive test result
Asymptomatic, severely immunocompromised	<ul style="list-style-type: none"> • 20 days since first positive test result

CDC’s SARS-CoV-2 Illness Severity Criteria

SARS-CoV-2 Illness Severity Criteria (adapted from the NIH COVID-19 Treatment Guidelines)

Note: The studies used to inform this guidance did not clearly define “severe” or “critical” illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about duration of Transmission-Based Precautions, the definitions in the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines](#) are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.